KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 34285
Name: Schindler, Joe
Address 1: PO BOX 175
Address 2:
City: MADISON State: KS Zip: 66860 + __ __ __ __
Contact Person: Joe Schindler
Phone: (620) 437-6844
Lease Name: NUESSEN
Well Number: 1

API No.: 15-111-19019-00-01
Permit No: D07773.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NE - NE Sec. 31 Twp. 21 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
4620 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Lyon

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 275 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	40	0	0		1
February	40	0	0		1
March	40	0	0		1
April	40	0	0		1
May	40	0	0		1
June	40	0	0		1
July	40	0	0		1
August	40	0	0		1
September	40	0	0		1
October	40	0	0		1
November	40	0	0		1
December	40	0	0		1
TOTAL	480		0		

Submitted Electronically